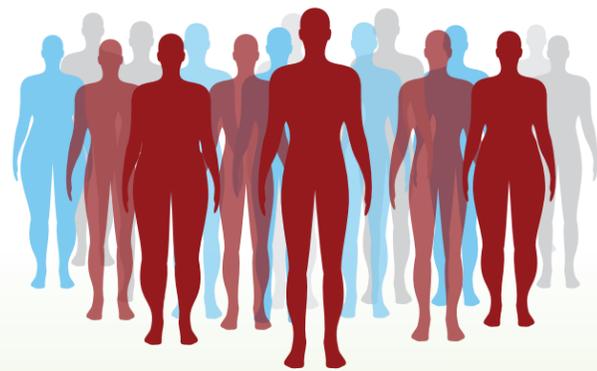


Employer Wellness Programs, Weight Outcome Hurdles and Obesity Treatment Access

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A Gap in Wellness Programs



67% of employers who require participation set weight-related goals¹

YET

59% don't cover obesity treatment in their health plans¹

Twice as many employers will set penalties in 2014 for missing goals²

Abstract

Background: Under provisions in the Affordable Care Act in 2014, employers may impose substantial penalties on employees who don't meet specific wellness goals, including body mass index (BMI). Horwitz et al recently found that such programs can have the effect of shifting healthcare costs onto employees, without promoting wellness. The present study examines the prevalence of these practices in early 2013.

Methods: Through a validated online survey, a sample of 7,788 respondents projectable to the U.S. adult population were asked if their employer:

- Requires wellness plan participation to receive full health benefits
- Sets goals for weight and other health indicators
- Covers treatment for obesity

We conducted qualitative interviews with affected employees about their experiences.

Results: The total respondent pool of 7,788 U.S. adults yielded a relevant sample of 5,382 employed adults. Of those, 849 (16%) reported that their employer required participation in a wellness program to qualify for full health benefits. Most (67%) of respondents whose employers required wellness program participation also reported that the plan set wellness goals for one or more of the following health indicators: weight (41%), blood pressure (38%), exercise (36%), cholesterol (35%), or diet (25%). But a majority (59%) also indicated that their employers' health plans did not

cover any of the following evidence-based treatments for obesity: fitness training (22% covered), dietitian (14%), medical weight loss clinic (11%), weight loss surgery (9%), and weight loss drugs (8%).

Conclusions: Employers who require wellness program participation for access to full health benefits frequently set weight goals for employees, but do not typically cover evidence-based obesity treatments in their health plans.

Introduction

The Affordable Care Act includes provisions that permit employers who implement wellness programs to impose financial penalties on employees who do not meet specific health-related goals, including BMI. Even before these provisions take effect in 2014, a growing number of employers are implementing programs that require employee participation as a condition for receiving more than minimal health benefits.¹ Towers Watson and the National Business Group on Health report that rewards and penalties for health outcomes such as BMI, blood pressure, and cholesterol are growing rapidly. The proportion of employers using them will approximately double to 28% of employers in 2014 and grow to 68% in 2015.²

Yet, evidence of long-term effectiveness for financial penalties based on health outcomes is lacking. Jill Howitz et al recently reviewed randomized controlled trials of workplace wellness programs and concluded that any savings to employers from these programs are likely to be the result of cost-shifting to employees with higher health risks, such as obesity.³ Soeren Mattke et al at RAND Health recently published a comprehensive analysis of workplace wellness programs and found low participation (10%) and minimal effects (~1 lb/year over 3 years) for interventions targeting obesity.⁴

Concerns about the potential for discrimination against people at increased risk for obesity led the U.S. Departments of Labor, Health and Human Services, and Treasury to issue final regulations for wellness programs under the Affordable Care Act that include significant protections against these programs being used as a subterfuge for discrimination.⁵ For the same reasons, the Obesity Society recently published a position statement recommending against financial incentives or penalties based on an employee's weight or BMI.⁶

The present study examines the prevalence of these and related practices in early 2013.

Methods

A stratified sample representative of U.S. adults was recruited in May 2013 for an anonymous, voluntary online survey through Google Surveys.⁷ The general population sample of 7,788 adults (POP) was constructed to match U.S. population demographics based upon gender, age, and geographic location. We asked if their employer:

- Requires wellness plan participation to receive full health benefits
- Sets goals for weight and other health indicators
- Covers treatment for obesity

From the total sample, we identified 5,382 employed adults (EMP) prepared to answer questions about their employer's wellness programs. Characteristics of the samples are summarized in Table 1.

Table 1: Respondent Demographic Characteristics

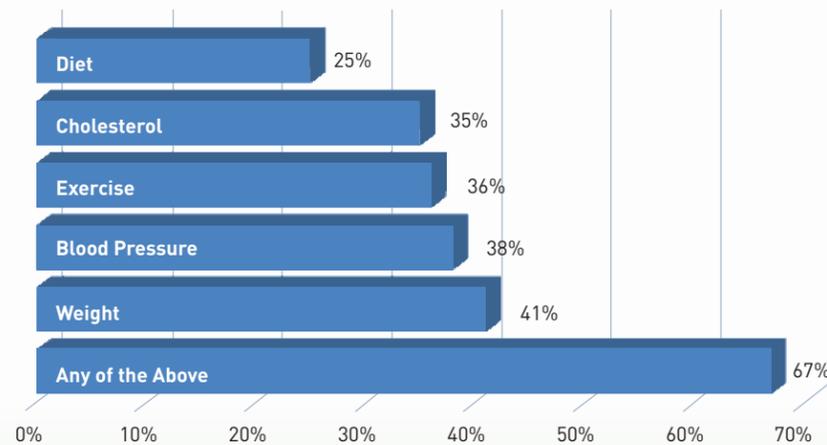
Characteristics	POP % (N) (N=7,788)	EMP % (N) (N=5,382)
Age		
18-24 years	13.1 (1,022)	12.3 (663)
25-34 years	15.9 (1,239)	21.6 (1,163)
35-44 years	16.7 (1,298)	21.1 (1,135)
45-54 years	22.5 (1,750)	20.8 (1,121)
55-64 years	19.8 (1,541)	15.4 (828)
65+	12.0 (938)	8.8 (472)
Gender		
Male	50.4 (3,927)	49.9 (2,686)
Female	49.6 (3,861)	50.1 (2,697)
Geography		
Northeast	17.9 (1,394)	18.8 (1,014)
South	29.7 (2,311)	34.4 (1,852)
Midwest	26.6 (2,075)	23.6 (1,271)
West	25.8 (2,008)	23.2 (1,246)
Urban Density		
Urban	39.9 (3,111)	40.1 (2,156)
Suburban	46.7 (3,637)	47.4 (2,554)
Rural	13.4 (1,041)	12.5 (672)
Income+		
<\$25,000	7.8 (608)	8.2 (444)
\$25,000-\$49,000	57.0 (4,441)	56.4 (3,037)
\$50,000-\$74,000	28.4 (2,209)	28.2 (1,520)
\$75,000-\$99,000	5.6 (432)	5.6 (301)
\$100,000-\$149,000	1.2 (91)	1.4 (75)
>\$150,000	0.1 (7)	0.1 (5)

As a follow-up to the quantitative research, we collected qualitative responses with a small sample (n=33) of people with obesity affected by such wellness program requirements to assess their perceptions of the fairness and helpfulness of these programs.

Results

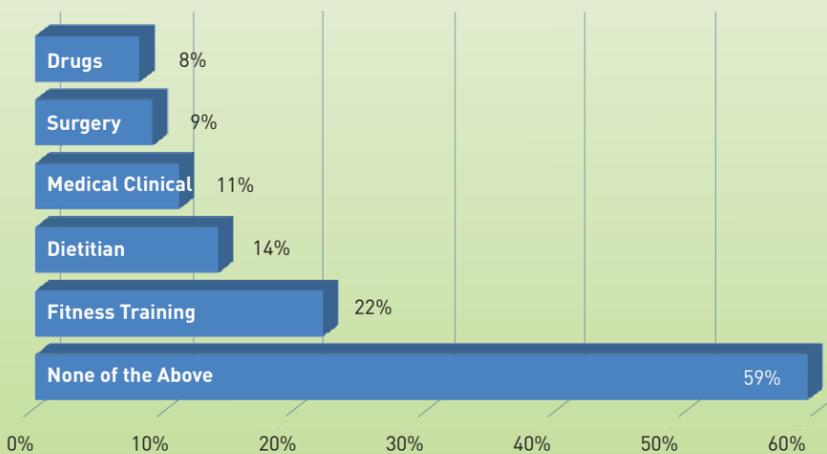
Of 5,382 employed adults, 849 (16%) reported that their employer required participation in a wellness program to qualify for full health benefits. Most (67%) of respondents whose employers required wellness program participation also reported that the plan set wellness goals for one or more of the following health indicators linked to obesity. These results are summarized in Figure 1.

Figure 1: Prevalence of Employers Setting Goals for Health Indicators Linked to Obesity



A majority of respondents required to participate in wellness programs also indicated that their employers' health plans did not cover evidence-based treatments for obesity, as summarized in Figure 2.

Figure 2: Prevalence of Employers Covering Evidence-Based Obesity Treatment



In qualitative responses from separate sample of people with obesity required to participate in wellness programs, we found that they were generally neutral about the wellness programs in general. But most disagreed that the programs helped them reach and maintain a healthy weight.

Conclusions

- Some (16%) employers require wellness program participation for access to full health benefits
- Most (67%) of those employers set goals for weight and/or other health indicators
- Yet most (59%) of them do not cover evidence-based treatment for obesity
- Holding employees accountable for the health impact of obesity without providing access to evidence-based treatment raises a fundamental issue of fairness

Acknowledgements and References

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